

REGION II START HEALTH AND SAFETY PLAN
EMERGENCY RESPONSE/SITE INVESTIGATION
(Revised 18 March 1996)

TDD No. 12-97-03-0005 Site Name: Bayonne Barrel + Drum
Site Address: Street No. RAYMOND BOUL
City NEWARK
County/State ESSEX COUNTY NEW JERSEY

Directions to Site: (Attach Map) TAKE THE NEW JERSEY TURNPIKE TO
EXIT 15E, GO WEST ON RAYMOND BOULEVARD.
APPROX 3-5 MILES ON YOUR LEFT
BT YOU WILL FIND THE SITE.

Historical/Current Site Information:

THE BAYONNE BARREL AND DRUM SITE IS A
FORMER RECONDITIONING FACILITY OCCUPYING
APPROXIMATELY 15 ACRES OF RAYMOND BLVD.
THE FACILITY OPERATED AS AN UNLICENSED
TSD FACILITY FROM THE EARLY 40s UNTIL THE EARLY 1980s.

Incident Type: ☐ Air Release - _____
☐ Spill - _____
☐ Fire - _____
☒ HW Site - THE OPERATION PRODUCED A LARGE AMOUNT OF
SPENT CLEANING SOLUTION, FURNACE ASH
AND SLUDGES

Location Class: ☒ Industrial ☐ Commercial ☐ Urban/Residential ☐ Rural

USEPA Contact: JOE COSENTINO

Date of Initial Site Activities: 4 / 29 / 97

Original HASP: Yes or No (RESTART)

Modification Number: _____

Lead START: PAT AUSTIN

Site Health & Safety Coordinator: JOE COSENTINO

Health & Safety Alternate: PAT AUSTIN

Response Activities/Dates of Response (fill in as applicable)

Emergency Response: ☐ Perimeter Recon. _____
☐ Site Entry _____
☐ Visual Documentation _____
☐ Multi-Media Sampling _____
☐ Decontamination _____

Assessment: ☒ Perimeter Recon. 4-29-97
☒ Site Entry 4-29-97
☒ Visual Documentation 4-29-97
☒ Multi-Media Sampling 4-29-97
☐ Decontamination _____



Physical Safety Hazards to Personnel

- ☐ Heat ☐ Cold ☐ Precipitation ☐ Confined Space ☒ Terrain
- ☒ Walking/Working Surfaces ☒ Fire & Explosion ☐ Oxygen Deficiency
- ☐ Underground Utilities ☐ Overhead Utilities ☐ Heavy Equipment
- ☒ Unknowns in Drums, Tanks, Containers ☐ Ponds, Lagoons, Impoundments
- ☐ Rivers, Streams ☐ Pressurized Containers, Systems ☐ Noise
- ☐ Illumination ☐ Nonionizing Radiation ☐ Ionizing Radiation

Biological Hazards to Personnel

- ☐ Infectious/Medical/Hospital Waste ☒ Non-domesticated Animals ☐ Insects
- ☒ Poisonous Plants/Vegetation ☐ Raw Sewage

Training Requirements

- ☒ 40 Hour General Site Worker Course with three days supervised experience
- ☐ 24 Hour Course for limited, specific tasks with one day supervised experience
- ☐ 24 Hour Course for Level D site with one day supervised experience
- ☒ 8 Hour Annual Refresher Health and Safety Training
- ☒ 8 Hour Management/Supervisor Training in addition to basic training course
- ☐ Site Specific Health and Safety Training
- ☐ Pre-entry training for emergency response skilled support personnel

Medical Surveillance Requirements

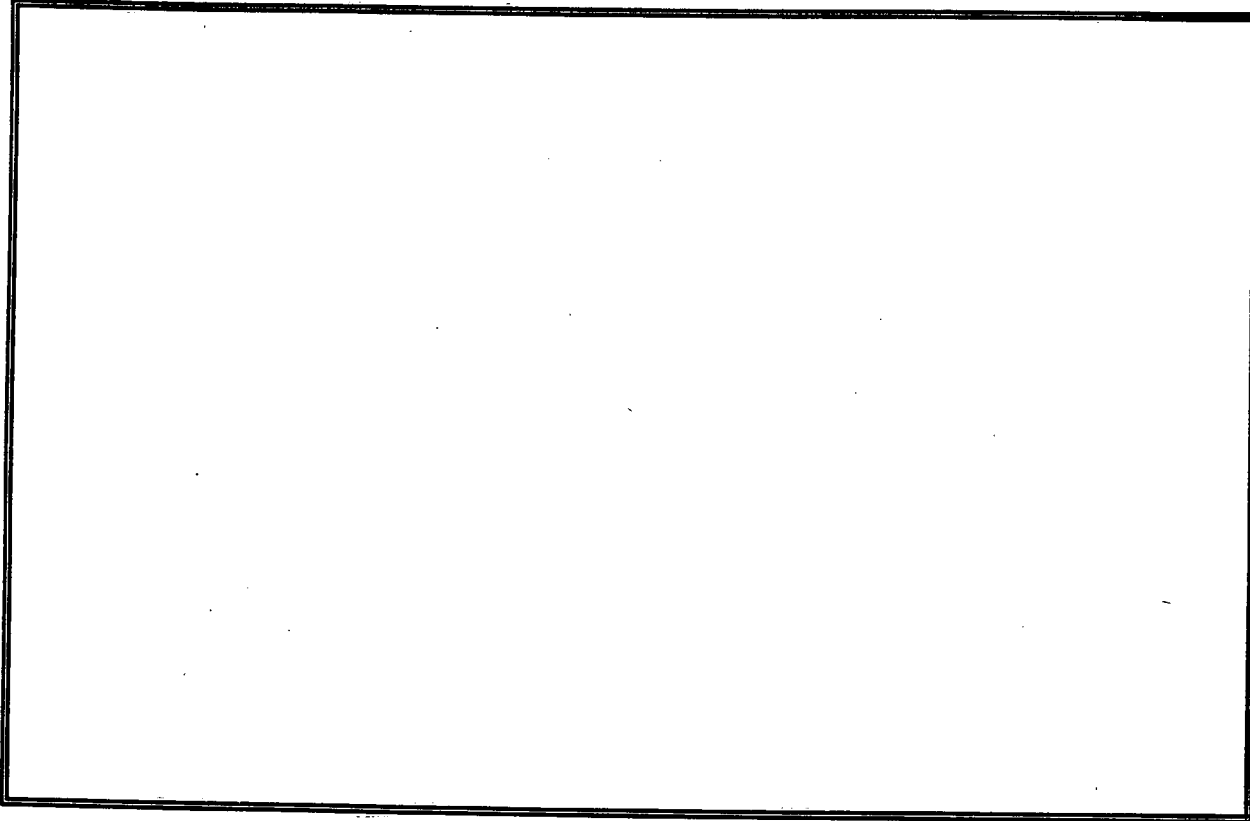
- ☒ Baseline initial physical examination with physician certification
- ☒ Annual medical examination with physician certification
- ☐ Site Specific medical monitoring protocol (Radiation, Pesticide, PCB, Metals)
- ☐ Asbestos Worker medical protocol
- ☐ Exempt from medical surveillance _____
- ☐ Examination required in event of chemical exposure or trauma

3

Physical Parameters	Chemical Contaminant	Chemical Contaminant	Chemical Contaminant
Exposure Limits IDLH Level	<u>Dioxins</u> _____ ppm ^{none} mg/m ³ PEL _____ ppm ^{none} mg/m ³ TLV _____ ppm ^{N.D.} mg/m ³ IDLH	_____ ppm _____ mg/m ³ PEL _____ ppm _____ mg/m ³ TLV _____ ppm _____ mg/m ³ IDLH	_____ ppm _____ mg/m ³ PEL _____ ppm _____ mg/m ³ TLV _____ ppm _____ mg/m ³ IDLH
Physical Form (Solid/Liquid/Gas) Color	<input checked="" type="checkbox"/> Solid _____ Liquid _____ Gas <u>colorless to white</u> Color	_____ Solid _____ Liquid _____ Gas _____ Color	_____ Solid _____ Liquid _____ Gas _____ Color
Odor			
Flash Point Flammable Limits	_____ Degrees F or C _____ % UEL _____ % LEL	_____ Degrees F or C _____ % UEL _____ % LEL	_____ Degrees F or C _____ % UEL _____ % LEL
Vapor Pressure	<u>0.000002</u> mm/Hg	_____ mm/Hg	_____ mm/Hg
Vapor Density	_____ Air = 1	_____ Air = 1	_____ Air = 1
Specific Gravity	_____ Water = 1	_____ Water = 1	_____ Water = 1
Solubility			
Incompatible Material	<u>UV Light</u> <u>(decomposes)</u>		
Routes of Exposure	<input checked="" type="checkbox"/> Inh <input checked="" type="checkbox"/> Abs <input checked="" type="checkbox"/> Con <input checked="" type="checkbox"/> Ing	_____ Inh _____ Abs _____ Con _____ Ing	_____ Inh _____ Abs _____ Con _____ Ing
Symptoms of Acute Exposure	<u>IRRIT EYES, ALLERGIC</u> <u>DERM, POSSIBLE</u> <u>REPRO, TERATO EFFECTS</u> <u>GL DIST- LIVER DAMAGE</u> <u>in animals.</u>		
First Aid Treatment	<u>SOAP WASH</u> <u>RESP SUPPORT</u> <u>MEDICAL ATTENTION</u>		
Ionization Potential	_____ eV	_____ eV	_____ eV
Instruments for Detection	_____ PID w/ _____ Probe _____ FID _____ CGI _____ RAD _____ Det Tube _____ pH Other <u>none</u>	_____ PID w/ _____ Probe _____ FID _____ CGI _____ RAD _____ Det Tube _____ pH Other _____	_____ PID w/ _____ Probe _____ FID _____ CGI _____ RAD _____ Det Tube _____ pH Other _____

Control Measures

Site Map with work zones:



Work Zone Definitions:

Exclusion Zone - the area where contamination is either known or expected to occur and the greatest potential for exposure exists. The outer boundary of the Exclusion Zone, called the Hotline, separates the area of contamination from the rest of the site.

Contamination Reduction Zone (CRZ) - the area in which decontamination procedures take place. The purpose of the CRZ is to reduce the possibility that the Support Zone will become contaminated or affected by the site hazards.

Support Zone - the uncontaminated area where workers are unlikely to be exposed to hazardous substances or dangerous conditions. The Support Zone is the appropriate location for the command post, medical station, equipment and supply center, field laboratory, and any other administrative or support functions that are necessary to keep site operations running efficiently.

Communications:

☒ Buddy System ☐ Radio ☐ Air Horn for emergencies
☐ Hand Signals ☒ Visual Contact

Personnel Decontamination Procedures:

- () Wet Decontamination (procedures as follows)
- ~~(*) Dry Decontamination (procedures as follows)~~

REMOVE PPE AND PLACE IN GARBAGE BAGS.
GARBAGE BAGS WILL BE SEALED, MARKED AND
SECURED ON SITE FOR DISPOSAL DURING THE DECONTAMINATION ACTION.

Equipment Decontamination Procedures:

- () None
- () Wet Decontamination (procedures as follows)
- ~~(*) Dry Decontamination (procedures as follows)~~

WIPE WITH SANITIZED EQUIPMENT SWAB.

Adequacy of decontamination determined by: T. Austin / HES Supervisor

Personal Protective Equipment

TASK TO BE PERFORMED	ANTICIPATED LEVEL OF PROTECTION	TYPE OF CHEMICAL PROTECTIVE COVERALL	INNER GLOVE OUTER GLOVE BOOT COVER	TYPE OF APR CARTRIDGE OR CANISTER
PERIMETER RECON.	LEVEL D	COVERALLS	N/A	N/A
SITE ENTRY AIR MONITORING	LEVEL B / (C)	SORENEX/TYVEK	GREEN OVER BLUE NITRILE	- / GMC-H
DROM INVENTION	LEVEL B/C or D+ *	SORENEX/TYVEK	GREEN OVER BLUE NITRILE	- / GMC-H
SEDIMENT SAMPLE	LEVEL C or D+ *	TYVEK	GREEN OVER BLUE NITRILE	GMC-H / -

* BASED ON AIR MONITORING RESULTS

Frequency and Types of Air Monitoring: () Continuous () Routine - _____ () Periodic - _____

DIRECT READING INSTRUMENTS	COMBUSTIBLE GAS/OXYGEN METER	RADIATION SURVEY METER/PROBE	PHOTO IONIZATION DETECTOR & PROBE	FLAME IONIZATION DETECTOR	CHEMICAL DETECTOR TUBE	OTHER
ID NUMBER	638160	942746	637835	941261		
CALIBRATION DATE	4-28-97	1-2-97	4-28-97	4-28-97		
START MEMBER	AL YONKER	AUTHORIZED SERVICE CENTER	AL YONKER	AL YONKER		
ACTION LEVEL	$\geq 20\%$ LEL $\leq 19.5\%$, $\geq 23\%$ O_2 - LEAVE	3X BACKGROUND - CAUTION; 1 mR/HR - LEAVE	UNKNOWNNS: 0-5 UNITS - "C" 5-500 UNITS-"B"	UNKNOWNNS: 0-5 UNITS - "C" 5-500 UNITS-"B"	PEL/TLV COMPARE WITH RESPONSE OF TUBE	

Emergency Telephone Numbers

Emergency Contact	Location	Phone Number	Notified
(UHDR) Hospital *	150 BERGEN ST.	201-982-4300	
Ambulance		CALL TRUO 911	
Police	EAST DISTRICT	(201) 733-8855	J. CONOVERS
Fire Department	1010 18TH AVE.	201-733-7446	DIRECTOR'S OFFICE

Chemical Trauma Capability? ☒ Yes () No

If no, closest backup: St James Hospital, 155 ST. (Primary care) ^{Jefferson} Phone: 201 589-1300

* will be calibrated again, in the field, before use.

Directions to Hospital (attach map) Route verified by: _____ Date: 4/29/97
UNDJN RAYMOND BOULEVARD WEST TO MARTIN LUTHER KING BLVD. (~2-3 MILES)
TURN LEFT ONTO M.L. KING BLVD PROCEED SOUTH (4 BLOCKS), TURN
RIGHT ONTO SOUTH ORANGE AVENUE. FOLLOW S. ORANGE AVE. 6 BLOCKS
TO BERGEN STREET. HOSPITAL ENTRANCE IS ON RIGHT.

ST. JOSEPH'S HOSPITAL (PRIMARY CARE)
RAYMOND BLVD. WEST FOR APPROX. 1-2 MILES, LEFT ONTO VAN BUREN ST
(IMMEDIATELY AFTER RIVER BANK PARK). FOLLOW VAN BUREN SOUTH TO
LAFAYETTE ST, TURN RIGHT ONTO LAFAYETTE. PROCEED WEST ON LAFAYETTE
FOR FIVE BLOCKS, THEN TURN LEFT ONTO JEFFERSON STREET. HOSPITAL
ENTRANCE IS ON THE RIGHT.

Additional Emergency Phone Contacts

WESTON 24-Hour Hotline	610-524-1925 or 610-524-1926
WESTON Medical Emergency Service	800-229-3674
Chemtrec	800-424-9300
ATSDR	404-639-0615
ATF (explosives information)	800-424-9555
National Response Center	800-424-8802
National Poison Control Center	800-942-5969

HASP prepared by: P. AUSTIN / C. STANNIK
 Pre-Response/Entry Approval by: Sam Haller
 Verbal Approval/Modification to Original HASP by: _____

Date: 4/28/97
 Date: 4/29/97
 Date: / /

Description o Site and Response Activities

Size of Site: 1.5 ACRES Terrain EVEN/FLAT Weather _____

Distance to Nearest: _____

Residence _____ School _____ Hospital _____

Public Building _____ Nearest Waterway: _____ - (name) _____

Other _____

Evacuation: ☐ Yes ☐ No By Whom: _____

Condition	Observed	Potential	None	Comments/Observations
Surface Water Contamination				
Ground Water Contamination				
Drinking Water Contamination				
Air Release				
Soil Contamination				
Stressed Vegetation				
Dead Animal Species				

Action Taken On-Site:

Perimeter Monitoring: ☐ Yes ☐ No
 Site entry by START: ☐ Yes ☐ No

Tasks Conducted	Level of Protection/Specific PPE Used

Hazardous Waste Site and Environmental Sampling Activities

Off Site: () Yes () No
On Site: () Yes () No


Describe types of samples and methods used to obtain samples: _____

Was laboratory notified of potential hazard level of samples? () Yes () No

Note: The nature of the work assignment may require the use of the following procedures/programs which will be included as attachments to this HASP as applicable: Emergency Response Plan, Confined Space entry Procedures, Spill Containment Program.

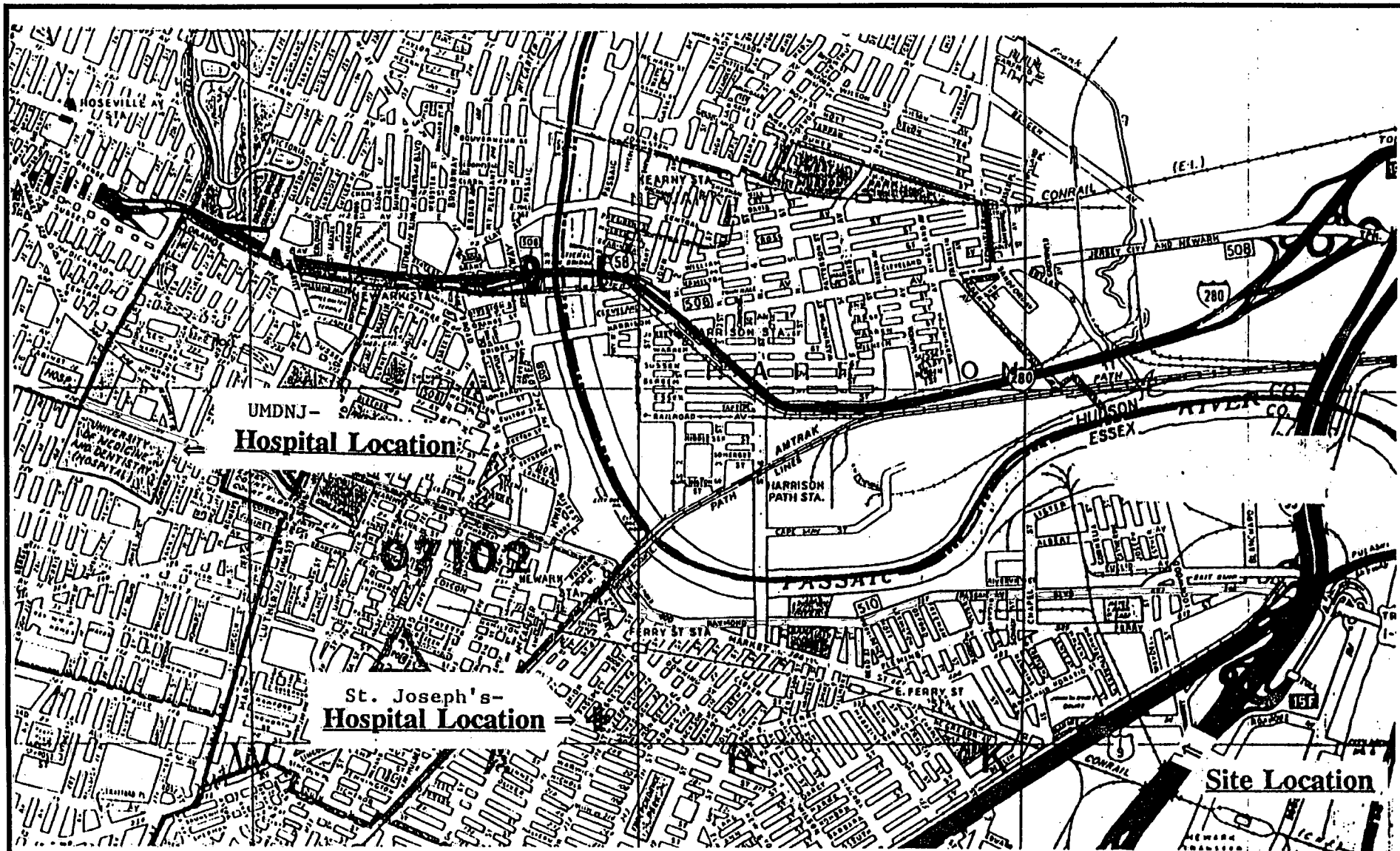
Disclaimer: This Health and Safety Plan (HASP) was prepared for work to be conducted under the Superfund Technical Assessment and Response Team (START) Contract 68-WO-0036 for Zone I. Use of this HASP by WESTON and its subcontractors is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this HASP are included by reference to 29 CFR 1910 and 1926.

The signatures below indicate that the individuals have read and understood this Health and Safety Plan.

PRINTED NAME	SIGNATURE	AFFILIATION	DATE
Patrick Austin		START	4-29-97
Clento/H-L	CARLOS R. STANNICH	START	4-29-97
David L Adams	David L Adams	START	4-29-97

Final Submission of HASP by:		Date
Post Response Review by:		
Post Response Approval by:		
START HSO Review by:		

COMMENTS/FOLLOW UP



WESTON
MANAGERS DESIGNERS/CONSULTANTS

**Roy F. Weston, Inc.
FEDERAL PROGRAMS DIVISION**

IN ASSOCIATION WITH RESOURCE APPLICATION, Inc.
C.C. JOHNSON & MALHOTRA, P.C., R.E. SARRIERA ASSOCIATES,
PRC ENVIRONMENTAL MANAGEMENT, AND GRB ENVIRONMENTAL SERVICES, INC.

EPA PM
J. Cosentino

START PM
P. Austin

Bayonne Barrel & Drum
Newark, New Jersey

Figure 1:
Hospital Route Map